

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522093

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	-	1	-		
2		1		1		
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7			1			
8			1			
9			1			
10			1			
11	1		1			
12	1		1			
13	1		1			
14	2		1			
15			1			
16			1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	15	←	17	←		←
TOTAL CLAIMS	17	[REDACTED]	19	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]